



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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GOVERNOR

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## 835/277U - Electronic Remittance Advice Request

As of March 31, 2008 the 835 HIPAA compliant Electronic Remittance Advice (ERA) file, which shows all paid and rejected claims that appear per pay cycle, and the 277U, the HIPAA compliant ERA file, which shows all pended claims that appear per pay cycle will need to be designated to the appropriate Billing Agent via the secure Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment subsystem.

**To request a change to a billing agent already designated to receive the 835/277U through CHAMPS, please fill out the information below. When this form is completed, please fax the request to (517) 335-5570, Attention: 835 Request. Within 7-14 days the billing agent can expect to receive your 835 files through the DEG. Confirmation will not be submitted.**

Provider Tax ID Number: \_\_\_\_ -- \_\_\_\_

Data Exchange Gateway (DEG) ID: **D C H 0 0** \_\_\_\_

CHAMPS billing agent ID: \_\_\_\_

Individual requesting change/Title: \_\_\_\_\_

Current billing agent receiving 835: \_\_\_\_\_

Reason for change: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Fax Number: ( \_\_\_\_ ) \_\_\_\_ -- \_\_\_\_

Contact Signature: \_\_\_\_\_

By signing this request, I am authorizing MDCH to change the 835 account for the tax ID listed above. I authorize the 835 files for the tax ID, to be electronically submitted to the Billing Agent indicated.

If you have any questions of what information is required, please email  
[AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov).